HOSPITAL STAKEHOLDER ENGAGEMENT MEETING

Friday, July 12, 2019
12:30 PM – 4:00 PM

Location: The Department of Health Care Policy & Financing, 303 East 17th Avenue, Denver, CO 80203. 7th Floor Rooms B&C.

Conference Line: 1-877-820-7831 Passcode: 294442#

Topic Suggestions, due by close of business one week prior to the meeting. Send suggestions to Elizabeth Quaife at elizabeth.quaife@state.co.us

Welcome & Introductions

- **Thank you for participating today!**
- We are counting on your participation to make these meetings successful

GROUND RULES FOR WEBINAR

- WE WILL BE RECORDING THIS WEBINAR.
- ALL LINES ARE MUTED. PRESS *6 IF YOU WISH TO UNMUTE. PARTICIPANTS CAN ALSO UTILIZE THE WEBINAR CHAT WINDOW
- If background noise begins to interrupt the meeting, all lines will be muted.
- Please speak clearly when asking a question and give your name and hospital

Thank you for your cooperation

Overview of the Day

- Hospital Engagement Meeting 12:30pm-4:00pm
- Coffee Break *To Be Announced*

AGENDA

HOSPITAL ENGAGEMENT MEETING TOPICS 7/12/2019 12:30pm-4:00pm
- NPI Law
- Announcements/Pending Items
- Medicare Crossover Workaround Update
- Inpatient Engagement Meeting Topics Received
- UB04 Inpatient and Outpatient Billing Manual Update
- Inpatient Base Rates Fiscal Year 2019-20
- Separating Mom and Baby Claims
- Outpatient Engagement Meeting Topics Received
- CC/CCEC Enrollment Update
- CC/CCEC Fiscal Year 2019-20 Rates
- Outpatient Fiscal Year 2019-20 Rates
- 3M Module Update
- JW Modifier SCR
- New Revenue Codes
- Outpatient Hospital Survey

Dates and Times for Future Hospital Stakeholder Engagement Meetings in 2019

Dates of Meetings	Meeting Time
~~January 11, 2019~~	~~12:30 p.m. - 4:00 p.m.~~
~~March 1, 2019~~	~~9:00 a.m. - 12:30 p.m.~~
~~May 3, 2019~~	~~9:00 a.m. - 12:30 p.m.~~
~~July 12, 2019~~	~~12:30 p.m. - 4:00 p.m.~~
September 13, 2019	12:30 p.m. – 4:00 p.m.
November 1, 2019	9:00 a.m. – 12:30 p.m.

The agenda for upcoming meetings will be available on our external website on a Monday the week of the meeting. https://www.colorado.gov/pacific/hcpf/hospital-engagement-meetings

Please note the offset dates and times to work around holidays AND Medical Services Board

September 13, 2019
Hospital Stakeholder Engagement Meeting
will start at 12:30pm

Reminder: *The date and time is offset to accommodate the Fourth of July holiday and Medical Services Board held in the morning.*

Colorado NPI Law

Chris Underwood

Revalidation & Colorado NPI Law

Revalidation

- At least every 5 years
- Starting April 2020
- A six (6) month notice via email in advance of their enrollment deadline
- Action: **Update email addresses in provider enrollment profiles to receive these notices**

Colorado NPI Law

- Organization Health Care Providers (not individuals) must obtain and use unique and separate National Provider Identifier (NPI) for each **Service Location** and **Provider Type**
  - Impacts both Enrollment & Claims
- New Providers & Sites: Jan 2020
- Current Providers: Jan 2021
- **MSB Rule Review**

MSB Rule Preview - 8/9 - 8/19 Review - 9/13

PRRM MSB Rule

For questions regarding the Colorado NPI Law, email HCPF_ColoradoNPIlaw@state.co.us Or visit https://www.colorado.gov/pacific/hcpf/colorado-npi-law

Parking Lot Items

- Observations over 24 hours
- Observation 24-48 hours prior to Inpatient stay

Inpatient Topics/Questions Submitted

Topic	Brief Description	Status
Medicaid as tertiary payer	Providers receiving payments resulting in overpayment and returning amount to Medicaid	Systems currently investigating
PAR claim denials	Providers are receiving denials when submitting a claim with PAR number. Provider confirms active and approved PAR, but still receives denial	Forwarded information to PAR team after Provider escalated through DXC Customer Service, PAR Phone Number and PAR Email box.

Medicare Crossover Part B Only Claims Workaround

Providers are advised to:

- Void any paid inpatient claims for the Medicare Part B only inpatient stay. These are claims that did not have Medicare reported in the Medicare fields.
- Void any paid outpatient crossover claims with Type of Bill (TOB) 12X for the inpatient stay
- If the provider (or Coordination of Benefits Agreement [COBA]) has not submitted an inpatient crossover claim for the Part B only inpatient stay, the claim will need to be submitted as an inpatient crossover claim by including the Part B information in the Medicare fields.
  - Include all Medicare paid amounts, and coinsurance and deductible at the header level

Medicare Crossover Part B Only Claims Workaround (cont.)

- Provide a list of the resubmitted Internal Control Numbers (ICNs) to Juan Espejo at Juan.Espejo@state.co.us with "Medicare Part B Interim Solution" as the subject line.

- Include the provider name and National Provider Identifier (NPI) in the email.
- Claims that meet the following criteria will be reprocessed:
  - Inpatient crossover claim type
  - TOB 11X
  - Member has TXIX and Medicare Part B and does not have Medicare Part A on through date of service

- Claims will be put into a suspended status and will be manually priced at Medicaid Allowed Amount less Medicare Paid Amount.

Medicare Part A Exhausted Claims Workaround

Providers are advised to:

- Identify any Medicare Part A exhausted inpatient claims
- Send the Medicare Part A exhausted inpatient crossover claim ICNs to Juan Espejo at Juan.Espejo@state.co.us with "Medicare Part A Exhaust Interim Solution" as the subject line.
  - This list should not include Medicare Part B only claims (claims addressed with the above interim solution)
  - This list should not include members that are Qualified Medicare Beneficiary (QMB) only and do not have TXIX on the through date of service.

Claims will be reprocessed and manually priced.

Contact Raine Henry at Raine.Henry@state.co.us or Juan Espejo at Juan.Espejo@state.co.us with questions.

Inpatient and Outpatient Billing Manual

Updated May 2019

How Inpatient Rates are Built

1. How much can we spend this year and remain budget neutral to FY2002-03?

A. FY17-18 discharges are adjusted by the claim Volume Inflator designated by The Department for FY17-18 (1 + -2.97%) * FY18-19 (1 + 1.30%) which is a decrease of 1.7% this year.

B. Case Mix Index (CMI) is calculated for each hospital's FY17-18 discharges (Total DRG Weights/Total Discharges).

C. FY2002-03 DRG Base Rates (adjusted by prior year Budget Actions) - Note: this does not include the 1.0% increase that is proposed in this year's Long Bill.

Budget Year & Type of Action	Total
SFY 19-20 (Budget Neutral Amount)	$836,691,269

Calculation = A*B*C

How Inpatient Rates are Built

2. Determine % of Medicare Rate

A. Input 10/1/2018 Medicare Base Rates *minus* DSH (Disproportionate Share) *plus* Medicaid Add-Ons for all PPS Hospitals.

B. Average peer group rates are calculated and attributed to all Critical Access Hospitals (CAH), low discharge hospitals and new hospitals as necessary.

C. Pediatric Hospital Rates are increased by the budget action of 1.0%.

D. Run Goal Seek to find % of Medicare Rate that allows us to remain Budget Neutral to FY2002-03 Budget which is $836,691,269.

Percent of Initial Medicare Rate	SFY 19-20
At the Budget Neutral Amount	87.10%

How Inpatient Rates are Built

3. Apply Budget Action to PPS Hospitals to arrive at final percent of initial Medicare Rate

A. Apply Budget Action of 1.0% to Budget Neutral Amount

Budget Year & Type of Action	Total
SFY 19-20 (Budget Neutral Amount)	$ 836,691,269
SFY 19-20 Budget Action (1.0% increase)	$ 8,366,913
Total SFY 19-20 w/Budget Action	**$ 845,058,182**

B. Distribute resulting amount to all PPS Hospitals to arrive at total budget for FY2019-20 of **$845,058,182.**

Percent of Initial Medicare Rate	SFY 18-19	SFY 19-20
At the Budget Neutral Amount	84.49%	86.11%
With Budget Action/Legislative Increase of 1.0%	NA	87.10%

Hospital Rates Effective 7/1/2019

- There are about 50 DRG in-state hospitals enrolled with Medicaid and the Budget Neutrality amount for SFY 2019-20 is ~$837 million.

- The increase in budget is largely due to a significantly higher CMI (Case Mix Index – higher rated DRGs) rather than an increase in expected discharges for FY2019-20. In fact, discharges are expected to decrease by – 1.7%.

Budget Year & Type of Action	Total
SFY 18-19 (w/1.0% Budget Action)	$ 836,487,823
SFY 19-20 (Budget Neutral Amount)	$ 836,691,269
SFY 19-20 Budget Action (1.0% increase)	$ 8,366,913
Total SFY 19-20 w/Budget Action	**$ 845,058,182**

- For Medicaid rates effective July 1, 2019, the **starting point** is the Medicare rate effective October 1, 2018.

Hospital Rates Effective 7/1/2019

- Overall, the average rate change reflects a 1.0% increase in addition to a change in Medicare base rates between FFY 17 and FFY 18.

Peer Group	Avg 2018-19	Avg 2019-20	% Change
Rural	$6,987.34	$7,044.05	0.81%
Urban	$5,390.68	$5,536.96	2.71%

Decreases and increases for PPS hospitals are mostly due to fluctuations in the Initial Medicare base rate from last year. The few Rural hospitals that contribute to the peer group average experienced an increase, while urban hospitals overall also experienced a increase.

- The final rates will not be loaded into the system until the Department receives approval from CMS. After which a mass adjustment will be done to reprocess affected claims.

- In the meantime, **the current hospital rates will be kept in place**.

Hospital Rates Effective 7/1/2019

Please note that rates were re-posted on 6/17/2019 and the 30-day review period ends 7/16/2019.

All rates will be posted using Medicare ID since the cost report is the starting point for the Medicaid Hospital Base Rate and NPI will soon be at location level.

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FINAL FY19-20 Rate with Medicaid Add-Ons Pending CMS Approval
060117	R		ANIMAS SURGICAL HOSPITAL, LLC	$7,044.05
060036	R		ARKANSAS VALLEY REGIONAL MEDICAL CTR	$7,087.82
061324	R		ASPEN VALLEY HOSPITAL	$7,113.86
060103	U	CENTURA HEALTH	AVISTA ADVENTIST HOSPITAL	$5,525.70
061303	R	BANNER	BANNER HEALTH EAST MORGAN COUN	$7,113.43
060126	U	BANNER	BANNER HEALTH FORT COLLINS MED	$5,410.30
060027	U		BOULDER COMMUNITY HEALTH	$5,333.00
060004	U	SCL HEALTH	BRIGHTON COMMUNITY HOSPITAL AS	$5,932.64
060125	U	CENTURA HEALTH	CASTLE ROCK ADVENTIST HOSPITAL	$5,488.12
061302	U		COLORADO CANYONS HOSPITAL	$5,536.96
060044	R		COLORADO PLAINS MEDICAL CENTER	$6,533.08
060054	U		COLORADO WEST HEALTHCARE SYSTE	$5,289.44
061308	R		CONEJOS COUNTY HOSPITAL	$7,044.05
060071	R		DELTA COUNTY MEMORIAL HOSPITAL	$6,239.81
061312	U		ESTES PARK MEDICAL CENTER	$5,546.79
060116	U	SCL HEALTH	GOOD SAMARITAN MEDICAL CENTER	$5,431.33
061317	R		GRAND RIVER HOSPITAL DISTRICT	$7,044.05
061320	R		GUNNISON VALLEY HOSPITAL	$7,095.94
061304	R		HAXTUN HOSPITAL DISTRICT	$7,044.05
060034	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	$5,554.53
060014	U	HEALTHONE	HCA-HEALTHONE LLC PRESB/ST. LUKES	$5,944.60
061343	R		KEEFE MEMORIAL HOSPITAL	$7,044.05
061313	R		KIT CARSON COUNTY HEALTH SERVI	$7,239.64
061318	R		KREMMLING MEMORIAL HOSP DIST	$7,044.05
061306	R		LINCOLN COMMUNITY HOSPITAL	$7,044.05
060113	U	CENTURA HEALTH	LITTLETON ADVENTIST HOSPITAL	$5,296.39
060003	U	CENTURA HEALTH	LONGMONT UNITED HOSPITAL	$5,344.33
060128	U	UC HEALTH	LONGS PEAK HOSPITAL	$5,536.96

Hospital Rates Effective 7/1/2019

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FINAL FY19-20 Rate with Medicaid Add-Ons Pending CMS Approval
060009	U	SCL HEALTH	LUTHERAN MEDICAL CENTER	$5,459.96
060030	U	BANNER	MCKEE MEDICAL CENTER	$5,366.19
060100	U	HEALTHONE	MED CTR OF AURORA	$5,334.65
060118	R	CENTURA HEALTH	ST. ANTHONY SUMMIT MEDICAL CTR	$6,668.72
060119	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	$5,326.70
060012	U	CENTURA HEALTH	ST. MARY-CORWIN MEDICAL CENTER	$5,627.88
060013	R	CENTURA HEALTH	MERCY DURANGO/CATHOLIC HEALTH INITIATIVES	$6,779.09
060006	R		MONTROSE MEMORIAL HOSPITAL	$5,664.64
061321	R		MT. SAN RAFAEL HOSPITAL	$7,044.05
060107	U		NATIONAL JEWISH HEALTH	$5,957.25
060001	U	BANNER	NORTH COLORADO MEDICAL CENTER	$5,893.08
060065	U	HEALTHONE	NORTH SUBURBAN MEDICAL CENTER	$5,297.67
060114	U	CENTURA HEALTH	PARKER ADVENTIST HOSPITAL	$5,443.12
060020	U		PARKVIEW MEDICAL CENTER	$5,756.63
060031	U	CENTURA HEALTH	PENROSE-ST FRANCIS HEALTH SVCS	$5,548.14
061325	R		PIONEERS MEDICAL CENTER	$7,044.05
060064	U	CENTURA HEALTH	PORTER ADVENTIST HOSPITAL	$5,353.28
060010	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	$5,689.82
061323	R		PROWERS MEDICAL CENTER	$7,085.62
061307	R		RANGELY DISTRICT HOSPITAL	$7,044.05
061301	R		RIO GRANDE HOSPITAL	$7,044.05
060032	U	HEALTHONE	ROSE MEDICAL CENTER	$5,670.16
060028	U	SCL HEALTH	SAINT JOSEPH HOSPITAL	$6,213.84
061322	R		SALIDA HOSPITAL DISTRICT	$7,160.67
060008	R	SLVRMC	SAN LUIS VALLEY HEALTH - CCH	$6,079.83
060127	U	SCL HEALTH	SCL HEALTH COMMUNITY HOSPITAL	$5,536.96
061310	R		SEDGWICK COUNTY MEMORIAL HOSPI	$7,076.19
060112	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	$6,020.80
061311	R		SOUTHEAST COLORADO HOSPITAL	$7,044.05
061327	R		SOUTHWEST HEALTH SYSTEM, INC.	$7,185.16
061316	R		SPANISH PEAKS REGIONAL HEALTH	$7,044.05
060023	U	SCL HEALTH	ST MARY'S MEDICAL CENTER	$5,773.40
061319	R		ST VINCENT GENERAL HOSPITAL	$7,044.05
060015	U	CENTURA HEALTH	ST. ANTHONY HOSPITAL	$5,324.92

Hospital Rates Effective 7/1/2019

LTACs & Rehabilitation Hospitals are not on this list anymore. Starting July 1, 2019 these hospitals are moving to a per diem rate.

If you have questions or need more information, please check out the Inpatient Hospital Per Diem Hospital Reimbursement Page or contact Elizabeth.Quaife@state.co.us.

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FINAL FY19-20 Rate with Medicaid Add-Ons Pending CMS Approval
060104	U	CENTURA HEALTH	ST. ANTHONY NORTH HOSPITAL	$6,137.85
060118	R	CENTURA HEALTH	ST. ANTHONY SUMMIT MEDICAL CTR	$6,668.72
060012	U	CENTURA HEALTH	ST. MARY-CORWIN MEDICAL CENTER	$5,627.88
061344	R	CENTURA HEALTH	ST. THOMAS MORE HOSPITAL	$7,127.64
060076	R	BANNER	STERLING REGIONAL MEDCENTER	$7,437.16
061314	R		THE MEMORIAL HOSPITAL	$7,071.25
060129	U	UC HEALTH	UCHEALTH BROOMFIELD HOSPITAL	$5,536.96
060130	U	UC HEALTH	UCHEALTH COLORADO SPRINGS HOSP	$5,536.96
061326	U	UC HEALTH	UCHEALTH PIKES PEAK REGIONAL H	$5,536.96
060022	U	UC HEALTH	UCH-MHS	$5,379.36
061328	R		UPPER SAN JUAN HLTH SVC DIST	$7,044.05
060096	R		VAIL CLINIC, INC. VAIL HEALTH HOSPITAL	$10,155.98
060075	R		VALLEY VIEW HOSPITAL	$6,185.48
061300	R		WEISBROD MEMORIAL EXTENDED CAR	$7,044.05
061309	R		WRAY COMMUNITY DISTRICT HOSPIT	$7,130.24
060049	R	UC HEALTH	YAMPA VALLEY MEDICAL CENTER	$9,556.44
061315	R		YUMA DISTRICT HOSPITAL	$7,044.05
			URBAN TEACHING HOSPITALS	
060011	U		DENVER HEALTH HOSPITAL	$7,109.61
060024	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	$6,667.65
			PEDIATRIC HOSPITAL	
063301	P		CHILDREN'S HOSPITAL COLORADO	$8,763.55
PEER GROUP AVERAGE RATES: Includes New Hospitals, CAH (Critical Access Hospitals), Low Discharge Hospitals & Out-of-State Hospitals				
PEER GROUP AVERAGE - URBAN				$5,536.96
PEER GROUP AVERAGE - RURAL				$7,044.05
OUT-OF-STATE PEER GROUP AVERAGE - URBAN (90%)				$4,983.27
OUT-OF-STATE PEER GROUP AVERAGE - RURAL (90%)				$6,339.64
LTACs & REHABILITATION HOSPITALS / PSYCHIATRIC HOSPITAL PER DIEM RATES				
LTACs & Rehabilitation Hospitals are moving to a per diem rate on 7/1/2019. Psychiatric Hospital rates are also listed on the Inpatient Hospital Per Diem Reimbursement Page. Please visit the link below or contact Elizabeth Quaife at elizabeth.quaife@state.co.us for more information. https://www.colorado.gov/pacific/hcpf/inpatient-hospital-diem-reimbursement-group				

Please note: Urban = county hospital resides in is part of MSA, Rural county is not part of an MSA.

Separating Baby from Mother's Claim

How do we estimate the DRG-SOIs for 16,811 missing well-baby claims?

CLAIM TYPE	CLAIM COUNT	OLD PMT	EST NEW PMT	DIFFERENCE
Delivery DRGs	22,524	$$$$$	$$$$$	↓
Neonate DRGs	5,713	$$$$$	$$$$$	↔
Estimated Missing Well-Baby Claims using 640-1 and FY19 Rates	16,811	$0	$$$$$	↑
TOTAL	**45,048**	**$$$$$**	**$$$$$**	**$0**

Separating Baby from Mother's Claim

This is the distribution from ONE hospital.

APR DRG	Description	SOI				TOTAL
		1	2	3	4	
589	NEONATE W OTHER SIGNIFICANT PROBLEMS				0.06%	**0.06%**
611	NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	0.06%				**0.06%**
614	NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	0.41%				**0.41%**
621	NEONATE BWT 2000-2499G W MAJOR ANOMALY	0.23%	0.06%			**0.29%**
625	NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	0.06%	0.00%			**0.06%**
626	NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	0.47%	1.75%	2.05%		**4.27%**
633	NEONATE BIRTHWT >2499G W MAJOR ANOMALY	2.57%	0.23%			**2.81%**
634	NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	0.06%				**0.06%**
639	NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	0.06%	0.12%			**0.18%**
640	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	42.78%	33.84%	15.20%		**91.82%**
		46.70%	**36.00%**	**17.24%**	**0.06%**	**100.00%**

Outpatient Topics/Questions Received

Inquiries were not received and none are currently pending.

Community Clinic and Community Clinic and Emergency Center (CC/CCEC) Reminder

The CC/CCEC rule (10 CCR 2505-10 8.320) became effective November 30, 2018. The adoption of this rule eliminated the temporary provision for locations licensed as CC/CCECs to be enrolled as and/or bill under the hospital provider type.

Facility claims for services rendered in CC/CCECs after November 30, 2018 must be billed under a CC/CCEC enrollment.

Claims for services rendered in CC/CCECs after November 30, 2018 cannot be billed under the hospital provider type.

Please contact Raine Henry and Juan Espejo with questions.

Community Clinic and Community Clinic and Emergency Center (CC/CCEC) Rates

Effective July 1, 2019, a 1% increase was approved.

To update the EAPG rates for the CC/CCEC, the appropriate rate increase was mapped to the associated Parent Hospital from the enrollment process. CC/CCEC rate effective July 1, 2019 is based on the new EAPG rate of the Parent Hospital Rate.

Community Clinic and Community Clinic and Emergency Center (CC/CCEC) Rates (cont.)

Facility Name	NPI	EAPG Rate Effective 7/1/2019
Children's Hospital Colorado North Campus Clinic	1710348214	$325.36
DENVER HEALTH EASTGRAND COMMUNITY CLINIC AND EMERGENCY CENTER	1467762435	$188.61
SWEDISH MEDICAL CENTER BELMAR ER	1396790200	$196.10
SWEDISH SOUTHWESTER	1396790200	$196.10
SCL HEALTH EMERGENCY CENTER AURORA	1417946021	$196.23
SCL HEALTH SAINT JOSEPH EMERGENCY DEPARTMENT - LITTLETON	1417946021	$196.23
SCL HEALTH SAINT JOSEPH EMERGENCY DEPARTMENT - NORTHGLENN	1417946021	$196.23
GREELEY EMERGENCY CENTER	1750392304	$198.25
UCHEALTH EMERGENCY ROOM - ARVADA	1013407865	$196.23
SADDLE ROCK EMERGENCY ROOM	1659327013	$194.29
UCHEALTH EMERGENCYROOM - SMOKY HILL	1427548387	$196.23
UCHEALTH EMERGENCY ROOM - AURORACENTRAL	1619467412	$196.23
UCHEALTH EMERGENCY ROOM - MEADOWGRASS	1639669617	$196.23
UCHEALTH EMERGENCY ROOM - WOODMEN	1578053567	$196.23
UCHEALTH EMERGENCY ROOM - POWERS	1124518113	$196.23
UCHEALTH EMERGENCY ROOM - COMMERCE CITY	1902396708	$196.23
UCHEALTH EMERGENCY ROOM - GREEN VALLEY RANCH	1639669435	$196.23
UCHEALTH EMERGENCY ROOM - FOUNTAIN	1295225274	$196.23
UCHEALTH EMERGENCY ROOM - PARKER	1629568423	$196.23
UCHEALTH EMERGENCY ROOM - THORNTON	1366932162	$196.23
UCHEALTH HARMONY ROAD ER	1760492714	$196.23
UCHEALTH EMERGENCY ROOM - LITTLETON	1619467388	$196.23

Outpatient Fiscal Year 2019-2020 Rates

- SB19-207 (FY2019-20 Long Bill) authorized 1% increase to outpatient hospital (EAPG) rates
  - Signed 4/17/2019

- State Plan Amendment (SPA) Required
  - Submitted to CMS 5/22/2019
  - CMS Approved SPA 6/4/2019

- June 2019 Provider Bulletin

Outpatient Fiscal Year 2019-2020 Rates

- Rates posted to Outpatient Hospital Payment page
  - See July 1, 2019 Link, posted by NPI
  - 30 day appeal period

- Rates submitted to DXC for updates 6/26

- Rate updates completed 7/4, verified as correct
  - No Mass Adjustment Necessary

EAPG Module Update

- 3M Releases v.2019.2.0 on 6/27/2019
  - No planned changes, other than accommodation of 7/1/2019 HCPCS/CPT updates, possible new revenue codes
- Update was completed by DXC on 7/4/2019
- No Mass Adjustment Necessary
  - Claims with new codes not fully functional in DXC will suspend
  - EOB 0000 - This claim/service is pending for program review.
- No planned updates until 10/1/2019
  - Check provider bulletins if necessary for Service Pack updates

JW Modifier SCR

- Background: Items billed with the ‘JW’ Modifier (discarded portion of drugs) generated payment in interChange system
  - Although requested to be billed, is not intended to have EAPG Payment

- SCR 44898 Created
  - Prioritized, but no concrete schedule for implementation
  - Once implemented, claims with DOS 10/31/2016 billed with JW modifier will be adjusted to pay properly

New Revenue Codes

- Revenue codes 087X: Cell/Gene Therapy
  - Charges for procedures performed by staff for the acquisition and infusion/injection of genetically modified cells
  - CPT codes 0537T, 0538T, 0539T

- Revenue codes 089X: Pharmacy – Extension of 025X and 063X

New Revenue Codes

- Policy will need to review coverage rules for new codes

- Need to coordinate with DXC / 3M so that logic is functioning accordingly

- Continue to bill these revenue codes and CPTs – claims will later be adjusted to pay

Outpatient Hospital Survey Results

- Solicited input from stakeholders to inform policy decisions, open from April 24 to June 7, 2019

- Intended for those most familiar with overall financial and operational needs
  - Billing practices
  - Health needs of respective community

Outpatient Hospital Survey Results

- 23 Rural / Frontier / Critical Access Hospital Respondents
- 11 Urban Respondents
- 34 Respondents total

- Multiple responses for same facility were merged, quantitative results averaged

Outpatient Hospital Survey Results

- **What Health First Colorado (Colorado Medicaid) payment policy challenges your organization currently faces would you like HCPF to know about, if any?**

- EAPG pricing as a challenge, particularly amongst rural communities lacking the staffing to dedicate to it.

- EAPG pricing has resulted in decreased reimbursement, particularly for hospitals utilizing high cost drugs.

- Difficulty working with some of HCPF's vendors.

Survey Quotes

- “The elimination of OP cost reimbursement for Critical Access Hospitals because CAH's were grouped with rural hospitals when the EAPG reimbursement system was created”

- “EAPG system is showing more than 20% loss compared to prior system for our CAH cost based system.”

Survey Quotes

- “We continue to struggle to get reimbursed for high cost drugs.”

- “eQSuites is a disaster. The roll out by HCPF is an absolute mess. Why HCPF didn't ask hospital end users to help finding a suitable vendor, before signing a contract with eQSuites is beyond comprehension. new outpatient services, high cost drugs; low reimbursement”

Survey Results

- **Are there any drugs, equipment, or other medical items that your organization is currently unable to afford but would provide value for the communities your organization serves (e.g., imaging machinery)?**
- **Are there any services that your organization is currently unable to afford but would provide value for the communities your organization serves (e.g., 24/7 CT tech availability, 24/7 ER, lab analysis on-call, etc.)?**
- **Do the communities your organization serves have any other health-related needs you think important for HCPF to consider when determining payment policies, regardless of whether those needs can be met by your organization?**

- A diverse set of responses were received for the above three questions, often very specific to each hospital's needs, but the most common needs were based around expensive drugs and mental health services.

Survey Results

- **To what extent are your organization's needs met at HCPF's hospital engagement meetings [0-4 scale: 0: not at all, 4: always]?**
- **ALL HOSPITALS:** 1.95
- **RURALS:** 1.98
- Providers typically utilize these meetings to stay updated on Department payment reform initiatives and billing and coding changes.
- However, others have voiced frustration that it remains an ongoing discussion without concrete timelines for resolution to issues, or that the call quality is poor. Rural and Critical Access Hospitals do not get a voice.

Survey Quotes

- “I think the fact that the meetings are held is very positive. I am often unable to attend due to our limited resources and freeing up large blocks of time for meetings is not tenable.”

- “We do not feel that there is anything that is of value. There is never any resolution or time line provided, it's a ongoing discussion.”

Survey Quotes

- “No differentiation for rural and Critical Access Hospitals”

- “The additional burden that the program takes away from other tasks in our 15 bed hospital. I personally spent 2 days on the mid-point report that could have been spent elsewhere. “

- “Separate Rural from Urban. We are nothing like the front range.”

Survey Results

- **How consistently have your organization's needs been met when contacting HCPF's representatives for assistance with questions involving [0-6 scale; 0: never, 6:always]:**

	ALL HOSPITALS	RURAL HOSPITALS
Billing	3.59	3.60
Claims Processing	3.52	3.58
Payment Calculation	3.46	3.09
Remittance Advices	3.54	3.50

Survey Results

- Providers contact DXC and Department staff for assistance regularly. However, many providers voice concerns that the DXC call center are not trained well enough to do their jobs. Additionally, other providers voiced concerns in slow response time regarding resolution of issues.

Survey Quotes

- “Currently, we are unable to get a supervisor on the current call in process and have to wait for a return call which takes at least a few days if not more.”

- “It have been difficult to get a representative to call us back when we pose a question and wait for a call.”

- “Customer Service is not prepared; doesn't answer questions with actionable answers - we often get wrong answers or it takes a long time for them to get the answers; no sense of urgency”

Survey Results

- **How helpful have staff in your organization found the following resources when they have had claims or billing issues [0-6 scale; 0: never, 6:always]?**

	ALL HOSPITALS	RURAL HOSPITALS
Billing Manual	3.59	3.68
IP/OP/Engagement Web Pages	3.50	3.32
General HCPF Website	3.59	3.50
Provider Services Call Center	2.93	3.29
Field Representative	3.27	3.13
Claims Escalation Process	3.38	3.44
Colorado Hospital Association	4.27	4.12
Colorado Rural Health Center	3.86	3.86

Survey Results

- **How likely is it that someone from your organization would attend a training hosted by the Department on the following subjects [0-6 scale; 0: definitely not, 6: definitely]?**

	ALL HOSPITALS	RURAL HOSPITALS
Billing	5.05	4.95
Claims-processing	5.15	4.95
IP/OP Payment Calculation	4.90	4.76
How to use 3M EAPG Software	4.37	4.29

Survey Results

- **What training topics would be valuable to your organization?**

- Providers generally want more detailed training on billing, denials, and EAPGs, particularly when any change in policy is introduced impacting how claims are billed.

Survey Quotes

- “No additional training is useful unless the content and the practice are consistent”
- “Any time HCPF introduces new billing or reimbursement changes, it would be helpful if a training workshop was provided.”

Survey Quotes

- “The UB04 and 1500 training is too elementary. We need training for experienced billers. The manuals should not be written in a way that leaves any room for interpretation.”

- “Additional EAPG knowledge, continued RAE information”

Survey Results

- **Is there anything else you think it important for HCPF to consider?**

- There is significant concern that Critical Access or Frontier hospitals are not differentiated in payment methodology. Other common concerns include the reimbursement of high cost drugs.

Survey Quotes

- “The true differences between urban/metro and rural/frontier, specifically CAH. Size is not the only difference. We are already working with decreased resources and staffing. We do not have a pool (staff, outside resources, etc.). to pull from for added tasks, initiatives, etc. The cost to implement can also be a burden to facilities that struggle financially Challenges that have been created with the change from RCCO to RAE - one year later and still many obstacles which impact those we provide care for and those patients were experiencing successful results.”

Survey Quotes

- “The amount of time/hours/FTE it requires to fulfill regulatory reporting (HTP, HQIP, etc) is substantial and hard to meet. “
- “Small frontier hospitals are hanging on to stay viable to care for the citizens of our county and surrounding area and payment and requirements to get that payment cannot be the same as for larger urban hospitals. We don't have the staff to take on these extra tasks to meet the requirements. We don't have the patient volume to make up for any loss we might incur. “

Survey Quotes

- “It would be helpful for HCPF to better understand the frontier counties where the next nearest facility in any direction is 1 to 2 hours away. Thank you for allowing us the opportunity to give feedback.”

- “Continue to evaluate the challenges the rural hospitals/critical access hospital face to provide the services to the Medicaid population and the limited reimbursement being received for expensive drugs, implantable devices, and pain management services.”

Survey Quotes

- “Being that we are providing rural Health care our payer mix is 78% Medicare/Medicaid and we do not have the Commercial payers to off set this. We feel that if there are no major changes made by the end of this year there will be more rural hospital closures. We want to continue to provide exceptional care and if we cannot, patients will have to travel a minimum of 30-40 miles, some further. Unfortunately, we are not able to rely on the 340B program to keep the hospital drug expenses down and we are penalized under our reimbursement when we do qualify. Please carefully review our answers in this survey as we are passionate about keeping the services that we provide to our rural patients.”

Questions, Comments, & Solutions

Resource Links

- Inpatient Hospital Rates Webpage Link
- Outpatient Hospital Rates Webpage Link
- Hospital Engagement Meeting Webpage Link
- UB-04: IP and OP Billing Manual Webpage Link
- Inpatient Per Diem Reimbursement Group Webpage Link

Thank You!

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